

# BODY ART PRACTITIONER CHECK LIST

**BoH**  
**10-4-17**

LOWELL HEALTH DEPARTMENT

17 SEP 15 PM 12:16

Name of Applicant: JOSHUA BJORKLUND

Phone Number: ON FILE

Establishment Affiliation: LOWELL INK

Establishment Address: WORTHEN ST.

Establishment Phone Number: 978-441-9292

EXP DATE	Description of Document
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✓ <b>ck#1</b>	Application
✓ <b>NH 11/10/2015-2018</b>	Proof of 2 years experience as a practitioner or proof of completion of 2 year apprenticeship if less than 2 years as a practitioner
✓	Letter of Hire from Employer <u>Lowell Ink</u>
✓ <b>EXP 3/28/18</b>	Blood Borne Pathogen Certificate
✓ <b>EXP 8/30/19</b>	Basic First Aid Card
✓ <b>EXP 8/30/19</b>	Advanced CPR Card (if separate from First Aid Card)
✓ <b>skin course</b>	Anatomy & Physiology I & II (Tattoo or Piercing) <u>OR</u>
✓ <b>3 SHOTS DONE</b>	Certificate of Completion of Approved Skin Course (Tattoo Only)
✓ <b>MA License</b>	Hepatitis B Vaccination Status 1: <u>10/19/05</u> 2: <u>11/28/05</u> 3: <u>5/1/06</u>
✓ <b>EXP 10/13/19</b>	Driver's License/State ID

**Bold = New every year**

*Italicised require updating when expired*